

NDIS Plan/Agency Managed Service Agreement

Alifeplus Pty Ltd
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NDIS Registered Provider No: 4050023270

Service Agreement between: The Participant (listed below) and Alifeplus Pty Ltd

Mr|Mrs|Ms _____ NDIS No. _____

Plan Start Date _____ End Date _____ Date of Birth _____

Emergency Contact Person/Next of Kin _____ Contact Phone _____

- I am Fully Self-Managed
- I have a Plan Manager
- I am Agency Managed

My Home Phone (____) _____ Mob _____

Email Address _____

Delivery Address _____

Nominee Name _____ Contact Phone _____

Support Coordinator _____ Phone no _____ Contact Email _____

Plan Manager _____ Phone no _____ Contact Email _____

This agreement will commence on _____ (Day) _____ (Month) _____ (Year) for the duration of:

For verification purposes, please choose option (Minimum of 5 meals per order):

- No. of meals _____ per week and Size of meals (250g or 400g) _____
- Custom Number of weeks (Duration) _____ weeks
- The duration of the plan (Please complete the subscription form in Welcome Pack)

As a provider of services or supports **Alifeplus** agrees to provide **Home Delivered Meals**.

The support Item of 'assistance with the cost of preparation and delivery of meals' come under:

Core Supports -Assistance with Daily Life. - Please select if this reference is stated in your plan.

- Yes
- No

Please select if which reference is stated in your plan.

- Ref No: 01_022_0120_1_1
- Ref No: 01_023_0120_1_1

If delivered meals are considered reasonable and necessary in your plan, the NDIS will cover the cost of the meal preparation and delivery however, ingredients costs are the Participant's responsibility to pay to the provider.

Participant Co Payments for ingredients costs.

Main meals: From \$ 2.00 - \$4.75 per meal.

Costs to the NDIS plan (for preparation and delivery)

Main meals: \$7.50 - \$13.67 per meal.

As per the participant's requirements, the quantity and selection of menu items for each delivery may vary as well as the frequency of deliveries, therefore the costs per delivery may also vary.

Provider's responsibilities:

Alifeplus agrees to:

- Review the service with the participant (or their nominee) at their request.
- Provide delivered meals as ordered on the agreed delivery day (minimum delivery quantities applies)
- Treat you with courtesy and respect and protect your privacy.
- Listen and encourage feedback from you and resolve problems quickly.
- Keep clear records on services provided to you.

Participant's responsibilities:

I, _____ (Participant's name) agree to:

- Communicate with **Alifeplus** to ensure that the services and supports delivered meet my needs and advise if I have any concerns about the services or support being provided.
- Treat **Alifeplus** staff and couriers with courtesy and respect.
- Provide accurate delivery and contact information.
- If I am not going to be home to accept the delivery, I will advise a safe and secure location for the esky to be left (not under the Sun). I will accept responsibility for the delivery if it is left as instructed.
- Understand that the goods will arrive in an esky with ice packs and must be put in the fridge within 4 hours of receiving the confirmation SMS.
- If I request the esky to be left at my residence, it will be available for the courier to collect on the next delivery.
- If the delivery location is in a security building and i will not be home, I will provide an alternate contact for access to the building, or consent to leave it somewhere and understand that i will be responsible for the esky being left at my door or in designated area.
- If a review of your NDIS Plan was to happen, you are still happy for us to provide the service to you for the lifetime of your current plan.
- If i need to cancel a delivery from **Alifeplus**, I must give them notice of **3 business** days prior to my delivery.
- Advise **Alifeplus** immediately of any changes to my NDIS plan (such as review which changes the supports or Plan dates) or if I have stopped being a Participant of NDIS.
- Should I wish to cease the agreement I will give reasonable notice (outlined below).
- Understand that ingredients costs are not covered under the support item and can be paid by debit or credit card when the order is placed or I can request a Direct Debit to be set up.
- **Self-managed participants** have up to 30 days after their plans end to claim.

Ending this agreement

Should either party require this agreement to end, we agree to give notice of one week.

If **Alifeplus** seriously breaches this agreement then the requirement of notice will be waived.

Agreement Signatures:

All parties agree to the terms or conditions of this agreement:

Participant signature _____ Date: _____

OR Signature of NOMINEE _____ Date _____

If signed by NOMINEE: I confirm that this agreement has been explained to the individual receiving the services and that they agree to this.

On behalf of the provider: _____

Chien-Yu Su

Alifeplus Pty Ltd

Position: Director